



TESTIMONY

Submitted by Coco Sellman
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Human Services Committee Public Hearing
February 7, 2023

SB 946 AN ACT CONCERNING THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

Senator Lesser, Representative Gilchrist and distinguished members of the Human Services Committee, my name is Coco Sellman. I am an owner of All Pointe Home Care, a CT-licensed and Medicare accredited home health agency with skilled nursing, home health aide, occupational therapy, speech therapy, and social work services for patients in the home. We specialize in around-the-clock complex nursing care paid by Medicaid for medically fragile children and adults, and are the second largest provider in CT of at-home skilled intermittent services for children. I am also the Chair of the CT Association for Healthcare at Home, the united voice for the DPH-licensed home health care agencies.

I am here before you today to address the proposal in SB 946 to change the Medicaid state plan to include up to two social work visits per participant in CHCPE.

A little background...home health care agencies are licensed by DPH and certified by Medicare to provide skilled, medical services including nursing, social work, physical/occupational and speech therapy. Both our federal Medicare and our state DPH regulations require that we provide social work services which ARE reimbursed by Medicare and commercial insurances; however, home health social work services are NOT covered by Medicaid.



While we support SB 946, we cannot and should not limit the coverage to just two visits per participant in CHCPE. We need a home health Medicaid Social Work rate for both waiver and non-waiver Medicaid patients.

Let me explain the expertise of a Social Worker in Home Health. They are highly trained, minimally master's prepared, to provide support and resources to patients and their families. With more people wanting to stay in their homes, Home Health Social Workers serve a key role as they are able to assess needs and match them with community resources, address mental health challenges, and support the psychosocial/emotional needs of those with serious illnesses.

With complex nursing care, our RNs and LPNs are caring for our state's most fragile patients, who often are technology- and ventilator-dependent. Our nurses are in the homes of these patients around the clock. These patients and their families have very complex needs.

For example, we care for two twin girls living in Hartford who both have a genetic neurological disorder which has rendered both girls non-ambulatory, have tracheostomies, are ventilated, require 30+ daily medical treatments, and receive 23-hours per day of skilled nursing care. These girls live with their four other siblings, two under the age of five, and their mother in a small, one-bedroom second floor apartment. Their mother is their sole caretaker, has English as a second language, and struggles to make ends meet and care for her family.

Caring for these girls in the community is complex, and the support of social work is essential to attaining the best supports possible. Making sure their home is adequate, has proper accessibility, and the community in which they live is safe is just the beginning of how more in-home social work could ensure these girls do not return to institutional care. Making sure the mother has what she needs to sustain and care for the girls, the other children, and herself in a sustainable way is so much of what community-based care is about.

As an agency, we bring in social work whenever we feel it will help create better supports and structures for the family and patient. However, we do this at our own expense. Implementing a Medicaid reimbursement rate for social work



services is the right thing to do to ensure we can continue to properly care for our state's most vulnerable in the home setting, which is both preferred by patients and families and far less expensive than institutional care.

Now more than ever with the unwinding of the Public Health Emergency, Social Workers are necessary to ensure their patients' Medicaid eligibility continues without interruption.

As illustrated by the twin girls, patients served by the licensed home health care agencies are often the sickest, most chronically ill and have extenuating medical and psychosocial issues necessitating social work services to evaluate and recommend appropriate resources and supports. Yet, Medicaid does not pay for their expertise.

There is no other role that can skillfully address a client's social determinants than a Social Worker who assesses the client in THEIR OWN HOME! Social determinants of health have long been addressed by the Home Health Care Agency staff, especially Social Workers. This is not new. Finding a way to support payment for such services through Medicaid is essential to helping the state's rebalancing goals of maintaining people in the community while also optimizing cost savings across the care continuum through reduced hospitalizations, ED visits and other costly institutional settings!

Please consider expanding this proposal to include a Social Work rate for both waiver and non-waiver services provided by a Home Health Care Agency. Thank you for the opportunity to provide testimony and feel free to contact me with any questions.

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